

Public Health  
Approach

Community

Protective Factor

Data Youth

## Chapter 6

# Youth violence prevention: A case study of PHIP in action

*Youth violence is a serious and growing problem in our nation and our state. The majority of violent crimes are committed by teenagers and young adults, and the average age for violent offenses is declining. Violent crimes by young people under 18 have more than doubled in the past ten years despite a slight decrease in this population.<sup>1</sup> And increasingly these crimes are inflicting their greatest toll among youth. Homicide is the leading cause of death among African-American males under 19.<sup>2</sup> Suicide is more likely to lead to a teenager's death than any other cause except a motor vehicle crash.<sup>3</sup> Sexual assault, which often goes unreported, claims more victims among the 15-17 year old girls than any other group.<sup>4</sup>*

*Data that report violent acts committed by youth separately from general crime statistics are not consistently available across the state. In general, however, we know that violent crimes occur in variable and sometimes unexpected patterns throughout our state. King, Pierce, and Yakima counties have some of the highest in rates of homicide, aggravated assault, and rape, but, rural counties such as Chelan, Asotin and Ferry each rank near the top in at least one major category of crime. Specific cities, towns, and even neighborhoods can be especially hard hit. For instance, three small towns in Eastern Washington had the highest rates of aggravated assault for the three year period from 1989 to 1991.<sup>5</sup>*

*The costs of responding to the increasing rates of youth violence are taking a large bite out of the tax dollar. The cost of detaining a youth for one year in a state or county juvenile justice facility is \$55,000, nearly four times the cost of one year's education at a state university.<sup>6</sup> In 1992 the criminal justice system spent an estimated \$60 million, not including the cost for police, for murder, aggravated assault and rape convictions.<sup>7</sup> The greatest costs, however, are to the individuals and families who are the victims and to the communities which are losing their sense of safety and well being.*

*What can be done to reverse the trend of increasing violence among young people? How can our limited state and local resources be most effectively used? Should more jails for teenagers be built, or is there a way to prevent this problem?*

## Taking a public health approach

*Violence affects individuals, neighborhoods and entire communities. Similar to a communicable disease, violence affects some groups and segments of the population more severely. Violence varies by locale, by age group, and by gender, as well as over time. The causes of violent behavior are complex and intertwined with many social factors.*

## ***When I send my child off to school...***

No one is immune to the threat of violence. Recently, a mother of a five-year old daughter just starting kindergarten had to face it. Less than one week into school, her daughter brought home, along with her artwork, a notice of a convicted child molester in the area, who "offends in the vicinity of the school". A few days later, at parent information night, the new principal spent the first half of her welcoming speech on safety. The school campus sits adjacent to a park where there is gang activity; the outside doors leading into the school are not locked during school hours, so anyone could enter at anytime; and the children's clothing must be carefully chosen so as to not incite gang retaliation. The principal asked parents to join a committee to make the school a more secure campus.

For a mom, who was expecting to be pressed into PTA committee work and learn of the exciting year ahead for her child, the message was especially sobering. Instead of bundling her daughter against the cold, she must bundle her against injury, in "safe" colors and styles. Instead of sending her child into a world of promise and potential, she must temper her enthusiasm with warnings of dangerous strangers that hurt children. And, instead of signing up for the PTA committee, she has the option of joining with other parents to transform the school campus into a fortress against the threat of violence.

One of the challenges facing community networks will be to turn the concerns and fears of parents into energy and commitment for preventing the root causes of violence. Through the PTA and other community organizations, parents can have a voice in their community plan to prevent youth violence.

*Taking a public health approach to youth violence involves carrying out the core functions of health assessment, policy development, and assurance so that action is being taken to prevent the problem. By establishing this framework, public health can help make the most effective use of resources to counter the problem of youth violence.*

*Assessment: The first step is to conduct a thorough assessment of the problem. For a complex and multifaceted phenomenon like violence, the assessment will be key to shaping a community's response. A health assessment for youth violence must be specific to the community and identify segments of the population most affected. The information must be analyzed by professionals and community members and reported to the community in a useful manner. The assessment process needs to be on-going and evaluate the changes that occur as a result of prevention activities and other conditions in the community. Data must be collected and reported in a standardized manner so that comparisons across communities in our state will be meaningful.*

*Policy development: The policy decisions that determine our investment in reducing youth violence must be influenced by the health assessment process. Without health assessment information, a community's response is susceptible to being shaped by political agendas and inaccurate perceptions. The policy development process must involve all members and sectors of a community in a discussion that leads to a consensus about what must be done to prevent and reduce the effects of youth violence.*

*Prevention: After community priorities have been set and strategies identified, the role of public health is to help mobilize the resources necessary to carry out the strategies.*

*Successful prevention strategies need to be directed at the factors which precede and contribute to the violent actions. The prevention strategies should include approaches that will reduce the risk for violence among those groups and segments of the population most at risk to develop problem behaviors. However, the interventions might include community-wide changes in policies, programs and services that extend beyond the high-risk groups themselves. The causes of violence are complex. Prevention efforts aimed at youth, especially ones targeting young children, take many years to demonstrate their positive impacts.*

*Our understanding of violence, its causes and cures, is in its infancy. The sophisticated monitoring for traditional public health problems, like sexually transmitted disease, is lacking for youth violent behaviors. The conditions that put a youth at risk for violent behavior are only now being studied and defined. While collaboration between public health, social services, schools, criminal justice, and citizen groups has just begun, this collaboration is the foundation for effective, community-based prevention.*

## **Youth violence legislation**

*The youth violence legislation of 1994 (E2SHB 2319) represents a state policy effort to take a public health approach to youth violence and other problems related to violence (e.g.; high school drop outs, teen pregnancies). The legislation defines specific roles for state and local public health. The Department of Health, through the PHIP, is designated to describe the factors which are scientifically related to youth*

## ***Assessment: Getting the accurate picture***

Three reports, by state and local public health agencies, published within the past year start to fill the information gap about violence. The state Department of Health, in late 1993, published "A Preliminary Assessment of Violence in Washington State", which breaks down the data by age, gender, race/ethnicity and location. In October 1994, the Department of Health released the "Preliminary Report for Community Networks: Youth Risk Assessment Database". This report provides data on risk factors such as rate of high school dropout and teen births for the community networks.

The Seattle-King County Department of Public Health published a comprehensive report on youth violence in March 1994. "Too Many, Too Young: Violence in Seattle and King County" provides information on rates of major violent crimes and risk factors such as child abuse, domestic violence, and firearm use. This report draws data from a variety of sources and is currently the most comprehensive public health assessment on youth violence.

violent crimes and to define the standards needed to evaluate associated health status outcomes, such as teen pregnancy or suicide attempts. The vision of the legislation is that public health, at the state and local level, will take a leadership role in assessing rates of violence related behaviors and the associated factors leading to those behaviors, and then to inform and assist communities to reduce those behaviors.

The youth violence legislation will give greater authority to communities to decide how to use those funds and could redefine many of the funding categories of youth social services. In that respect, it is consistent with the PHIP, which shifts resources toward building public health system capacity rather than structuring services around specific health problems. By identifying risk factors for youth violence, the PHIP will set the stage for comprehensive, prevention-oriented planning at the community level. The legislation mandates the creation of Community Public Health and Safety Networks, referred to as community networks, which will become the violence prevention planning vehicle in each community. Throughout the state, each community will have a violence prevention plan based on accurate information and citizen participation.

### **The state Department of Health role**

The state Department of Health will become a clearinghouse for violence information which will be disseminated to the communities through local health departments. In cooperation with other state agencies, the Department of Health has developed a base of information on youth violence and associated risk factors, and will publish an annual report on violence. The report will present a statewide assessment of violence and its related outcomes, as well as detailed assessments by community network jurisdiction.

In summary the Department of Health's role in the youth violence prevention legislation includes:

- Coordinating state violence information.
- Issuing annual reports on acts of violence and associated risk and protective factors.
- Setting standards for the gathering, reporting and use of assessment information in the community planning process.
- Providing technical assistance to local public health jurisdictions in conducting assessments and in assisting the community networks in planning.
- Through the PHIP, recommend measurable standards for health status outcomes related to violence
- Through the PHIP recommend standards for collection and analysis of data on violence related risk behaviors and protective factors.

In addition to these activities, the Department of Health will participate as one of five state agencies on the State Family Policy Council. The council has the primary duty of implementing the legislation. The Department of Health will participate in interagency agreements, which ensure more coordinated services at the local level, and promote access to more consumer oriented services.

### **Local public health jurisdictions role**

Given the variable nature of violent behavior across the state, local efforts in collecting and analyzing data are needed. Local public health jurisdictions will have shared

### **Family Policy Council and Community Health and Safety Networks**

The Family Policy Council was created in 1992 by the Family Policy Initiative. The council is charged with implementing and overseeing the Family Policy Principles, which emphasize that state services should be: family and customer oriented, culturally relevant, locally planned, coordinated, community and outcome based and creative.

The council is a ten member body including the Superintendent of Public Instruction, the Commissioner of the Employment Security Department, the Secretary of the Department of Social and Health Services, the Secretary of the Department of Health, the Director of the Department of Community, Trade and Economic Development, two members from the House of Representatives, two members from the Senate and on representative from the Governor's Office. The council has primary responsibility for implementing the youth violence legislation. The plans, developed by the community networks for preventing youth violence and related problems, are subject to Council approval.

The Community Public Health and Safety Network is the local planning entity for the youth violence prevention. A network is responsible for creating a comprehensive violence prevention plan, and leads the effort of resource development and service coordination. Networks are made up of 23 members—13 citizen representatives and 10 members from local government and agencies. Membership is approved by the state Family Policy Council for 3-year terms. Each network is affiliated with a public agency, such as a school district or health department, for fiscal purposes. The Family Policy Council has approved 53 networks in Washington State. The majority of the networks represent a population of over 40,000, as the law stipulates. Some rural counties and Indian Tribes have established networks representing smaller populations.

responsibility for developing that assessment capacity and carrying out those activities. The community network members will collaborate with local public health jurisdictions to interpret and use the assessment data provided by the Department of Health. Local public health jurisdictions will play a primary role in disseminating that information to community organizations and local media. The networks' comprehensive prevention plans need to be reviewed by the local public health jurisdiction for consistency with the standards for assessment and policy development.

## **Public health capacity in youth violence prevention**

*In order to protect communities from the health threat of youth violence, state and local public health jurisdictions must be capable of carrying out the core functions. The PHIP, in Chapter 3 of this report, has defined the core public health functions in 88 capacity standards. The standards are explicit statements of what state and local health agencies must do to adequately protect and promote health, and prevent disease and injury. With full implementation of the PHIP capacity standards, the public health system in Washington will have an improved capacity to effectively monitor, anticipate and respond to health threats and problems.*

*The youth violence legislation directs state and local public health to play specific roles in the overall response to reducing and preventing youth violence. Those roles fall primarily into the categories of health assessment and policy development. For example, the legislation directs local public health jurisdictions to conduct assessments of violence related behaviors and risk factors in their community. That activity falls under the capacity standard for all public health jurisdictions to "conduct a regular community health assessment using a standardized format."*

*The next step in turning the capacity standards into action will be to include them in the performance-based agreements for both state and local public health agencies. These agreements will guide the six year implementation of the PHIP and the overall enhancement of the public health system. The result of these enhancements will be an overall improvement in a community's health status as defined by the PHIP outcome standards. Several of the outcome standards, which are listed in the Key public health problems in Appendix A, are specific to youth violence and the related problem behaviors. In the future, additional standards will be recommended for the identified risk and protective factors. The outcome standards will become the yardstick for evaluating the effectiveness of the prevention activities carried out by the community networks.*

## **Factors related to youth violence**

*One aspect of the youth violence legislation requires the Department of Health to conduct a thorough review of the research on youth violence. The review is for the purpose of identifying behaviors associated with youth violence and conditions which put youth at risk for developing violent behavior. These latter conditions are referred to as risk factors. The complete review, which has been conducted by the Department of Health, is a separate document titled, Youth Violence and Associated Risk Factors: An Epidemiologic View of the Literature.<sup>8</sup> This section includes major findings from that document.*

## **Options for local public health jurisdictions**

Local public health jurisdictions will play a key role in communities' efforts to prevent youth violence. By law, they are required to gather and report assessment information and to assist community networks with the prevention planning. In addition, there are several opportunities for a local public health jurisdiction to become more involved with a community network:

- Perform local assessment projects of special interest to the community or at the request of a community network.
- Participate as a member of a community network.
- Act as the fiscal agent for the community network.
- Collaborate with other agencies and organizations as a provider of violence prevention programs.
- Develop a consultative relationship with the community network based on expertise in assessment and prevention.

## **Risk factors for youth violence**

*The identification of risk factors is a critical step in prevention. To prevent a problem from happening, the factors contributing to the problem need to be known. Once the risk factors are identified, a variety of actions may be taken to reduce their influence on the individual youth, as well as on the entire community. Most individuals, who display habitual aggressive behavior during adolescence, develop this behavior during early childhood. Effective interventions begin in preschool or earlier.*

*Youth violence covers a range of deviant behaviors from simple assault to rape and homicide. Most research does not look at separate types of violent acts, but rather at factors associated with the development of delinquency or violent behavior in general. The research indicates that violent crime typically follows less serious offenses such as burglary.*

*The risk factors related to the development of youth violence are complex and interconnected. For example, poverty, a major risk factor for youth violence, is associated with a variety of social ills including parental substance abuse, criminality, and child abuse. Some risk factors, like parental criminality, are predictive of youth violence. Predictive risk factors have been shown by research studies to occur over a period of time preceding the development of violent behavior. Other risk factors, like availability of handguns, are associated with youth violence. Associated factors have been found to be interrelated at a single point in time. The combined effect of two or more risk factors, such as parenting problems, low income and parental criminality, appears to be even more important than any single risk factor.*

*The following is a summary of risk factors and their relationship to youth violence.*

- *Economic and social deprivation: Poverty, overcrowding, and poor housing are associated with an increased risk of childhood conduct problems, including delinquency and violent behavior. Also, urban neighborhoods with high crime and mobility rates have higher delinquency rates. There are a number of different theories explaining these relationships, including theories that focus on the effects of stressful life circumstances, sociocultural patterns, and family characteristics.*
- *Family history of substance abuse and/or crime: Criminal behavior and alcoholism, especially by the father, are two of the most consistently demonstrated factors that predict conduct disorders in childhood and adolescence. The importance of these factors may be that they are associated with less positive parenting practices.*
- *Parenting factors and parent-child attachment: Lack of effective parenting and parental rejection are some of the most important factors predicting juvenile delinquency. Maladaptive parent-child interactions, such as excessive discipline, during preschool and early elementary years have been linked to serious conduct problems during childhood and adolescence. Poor infant-childhood attachment to the primary caregiver has been linked to preschool aggression.*
- *Victimization by physical or sexual abuse: Violence in the family of origin predicts the development of adolescence violence. Boys who have been sexually abused are more likely to become violent, whereas girls are more likely to become depressed and self-destructive.*

## **Risk and resiliency**

Risk factors are individual characteristics or characteristics of family, school or community environment which increase the probability of the development of problem behaviors. Some common risk factors for adolescent problem behaviors include alienation and rebelliousness, family conflict, academic failure in elementary school, and availability of drugs and firearms. If risks in a young person's life can be reduced, the chances of preventing problem behaviors increases. Many problems share common risk factors, so reducing common risk factors can have a multiple effect. Exposure to more than one risk factor greatly increases the chances for problems. Protective factors counter risk factors. For instance, a community enacting an ordinance to prohibit the sale and advertisement of alcohol and tobacco near schools could affect the availability of those substances and establish stronger norms against underage use of those substances.

Some studies have looked at children who have not developed delinquency problems although they have been exposed to several risk factors. The overall picture is one of a resilient child who is even tempered, above average in intelligence, more autonomous, has a good relationship with at least one adult, and more involved in school. A resilient child is more adaptive and flexible to the social environment and able to elicit positive responses from others.

- *Observation of domestic violence also predicts the development of violent behavior. The more a person has been subjected to physical violence and the more life-threatening that experience was, the more likely the person is to commit “expressive” violent acts (murder, rape, unprovoked assault).*
- *Early conduct problems: Childhood hyperactivity and conduct problems (such as fighting, cruelty and firesetting) are strong predictors of adolescent aggression.*
- *Academic failure: Poor school performance is strongly predictive of increased risk for violence and other problem behaviors. Truancy is also predictive of later delinquency.*
- *Substance abuse: Drug use by adolescents is often preceded by other delinquent behaviors and does not appear to be a causal factor in the development of youth violence. Alcohol and some other drugs can increase the chance of reckless and impulsive behaviors in individuals with a tendency toward violence. Drug trafficking and support of addictive habits are also associated with violence.*
- *Gang affiliation: Gang members commit more crimes and more violent crimes than non-gang members. However, gang membership is usually preceded by delinquency and is associated with other risk factors.*
- *Possession of guns: If a gun is easily available, a violent act is more likely to be fatal. The presence of a gun in the home has been associated with teen suicide.*

## **Protective factors**

*Protective factors are aspects of peoples' lives which reduce the likelihood of negative outcomes, either directly or by reducing the impact of risk factors. Protective factors are both individual attributes and conditions related to the social network of family, community, and school which supports children. In many respects, the social network has deteriorated over the past 40 years, and community life has grown more fragmented. Many of the connections that have bonded families to neighborhoods, schools, and other social systems are now missing. Youth violence and related problem behaviors, such as teen pregnancy, school failure, and substance abuse have increased as the social network to support children has diminished.*

*Despite considerable risk, some children do not become delinquent. A single protective factor, such as a positive relationship with a caring adult, can counteract the effects of a generally high-risk environment. Many protective factors are the “other side of the coin” of risk factors, such as high academic achievement, positive parental relationships, and early trustworthiness and ability to feel guilt. Many risk and protective factors exist along a continuum, and successfully promoting a protective factor may simultaneously reduce a risk factor.*

*The following is a summary of protective factors which are associated with a reduction in the development of violence and related problem behaviors.*

- *Individual characteristics: Children with a sociable temperament, average or above intellect, and competency in communication skills are at a reduced risk of adolescent delinquency.*
- *Family supports: Family factors, such as having clear rules and expectations for children, showing respect for a child's individuality, maintaining a stable and cohesive environment and parents who are emotionally supportive of their children, are associated with reduced rates of youth violence and other problem behaviors.*

## ***The home visit of the 1990s***

Violence is a new health threat to families that can be dealt with by the traditional public health nurse home visit. Recently, public health nurses in Whatcom County noticed, during home visits, that firearms were visible and accessible (in some cases, on coffee tables) in their clients' houses. The nursing supervisor contacted the sheriff's department for advice and eventual training to familiarize the nurses with firearms and safety issues. The health department then conducted a survey of families it serves and made a disturbing discovery. Of the 366 families completing the survey, 45% indicated they had firearms (evenly divided between handguns, rifles, and shotguns) in their household. Of those that had firearms, 24% keep the guns loaded, 26% store ammunition with the gun, and 65% do not use a gun safe or a gun lock. Further, 44% of the gun owners have not received any firearm safety training, and 73% of the children with guns had no training.

The health department recognized that the risk of unintentional firearm injury existed not only for the children within these households, but also for their young friends and relatives. The public health nurses are now, as part of the home visit, educating the parents on how to protect their children from guns in the home. The department has also applied for grant money to purchase trigger locks for distribution to families.

- *Community supports: In addition to the family, emotional and social support to children can be provided by other parts of the social network, such as schools, churches and neighborhoods. A caring relationship with an adult neighbor, church involvement and a school which rewards individual competency are examples of protective factors against adolescent delinquency.*

## **Problem behaviors related to youth violence**

*Adolescence is frequently a period of rebellious acts. Only a small proportion of youth are involved in frequent and serious violence, and this same group is often involved in other problem behaviors as well. Problem behaviors, such as substance abuse and early sexual involvement, share risk factors. Therefore, programs designed to reduce those problems can have a similar effect on reducing youth violence.*

*The following problem behaviors, specified in the youth violence legislation, have been studied and associated with youth violence. The Department of Health has developed standards for these behaviors that can be used as outcome measures of a community's health status. The literature review has identified risk factors for these problem behaviors.*

- *Substance abuse: Community factors influencing teen substance abuse include laws, community norms, and availability of alcohol and other drugs. Familial factors include parenting practices (such as lack of supervision, inconsistent discipline, and unclear expectations), family conflict, poor emotional attachment, and parent's alcohol and drug behaviors and attitudes. Individual factors include early and persistent problem behavior, alienation and rebelliousness, low commitment to school, and academic failure.*
- *Teen pregnancy and male parenthood: Poverty, low academic achievement, and increased rates of child abuse have been linked to teen pregnancy. Nearly two of every three teen mothers experienced sexual abuse prior to their first pregnancy. Teenage fathers have more involvement with police and more school problems than their peers.*
- *Suicide and suicide attempts: The best single predictor of teen suicide is a previous suicide attempt. The vast majority of adolescent suicide victims have suffered from psychiatric illness (generally depression, conduct disorder or antisocial personality disorder) or substance abuse. Family factors include a history of suicidal behavior by the parents, and physical and sexual abuse of the child. Access to a firearm in the home has also been identified as a risk factor for suicide.*
- *Dropping out of school: This problem behavior is associated with a number of risk factors linked to delinquency, such as poverty and lack of parental support. School quality issues such as small class size and high teacher-student ratios decrease the likelihood of dropout.*
- *Child abuse and neglect: Child maltreatment has been linked to a number of factors including low income, inadequate housing, substance abuse, history of being abused as a child, and lack of parenting skills. It has also been linked to characteristics of the child, such as illness or behavioral problems in childhood.*
- *Domestic violence: Similar to child abuse and youth violence, domestic violence is linked to violence in the family of origin, poverty, and substance abuse. Pregnancy is a high-risk period for abused women. Separation and divorce often increase the risk of assault.*

## **Guns**

Guns were the weapon of choice in three out of four of the 25,000 murders in this country last year. The state Department of Community, Trade and Economic Development publication "The Face of Violence" notes that adolescent deaths from firearms have been rising steadily since the mid 1980s, and now account for one of every five teen fatalities. Guns are used in half all suicides. Guns are easily obtained in the U.S., and Washington's teens are purchasing guns on the street for as little as \$50, according to law enforcement officials. A survey of Seattle high school students indicates that a third of the students have easy access to guns. In Tacoma, a pawn shop directly across the street from the main entrance of a high school advertises "new and used guns" in large block letters. Guns stolen in residential burglaries are a major source of illegal guns available on the street.



## **Taking action to prevent youth violence**

*Can anything prevent violence among youth? Many promising programs and interventions are already being carried out in communities across the state. Some of these programs are statewide and well established, such as Head Start and ECEAP (Early Childhood Education and Assistance Program). Other programs, which may exist in only one neighborhood, have emerged from the actions of creative and dedicated citizens and professionals. Some programs, like parenting education, are intended to prevent problems from ever occurring. Other programs, like conflict resolutions skills training, are for youth already identified as high-risk.*

*Program evaluations have identified typical qualities of effective prevention strategies. In most cases, promising programs have an effect on several risk and protective factors. They are comprehensive and involve collaboration between several social and health service organizations. Promising programs also involve the community in the planning and operation. Evaluating program outcomes is critical for future funding and replication decisions. The youth violence prevention legislation and the PHIP bring these qualities together and create a structured and planned opportunity to make our communities safer and healthier places.*

*Most prevention efforts in youth violence can be classified into one of the four following categories.*

- *Family-based programs: Many risk factors are linked to early childhood experiences in the family. Family-based programs support both the development of functional family units and the networks outside the immediate family which can give assistance in times of crisis.*
- *Community-based programs: Some research has indicated that neighborhoods impact the behavioral choices young people make. Programs which make communities more "people friendly" can have strong impact on building a protective environment for youth.*
- *School-based programs: School has a greater influence on children and youth than any other public institution. Schools can be a force in bringing the family and the neighborhood together and offer relevant skills training for youth and adults.*
- *Individual-oriented programs: Learning positive social and emotional coping skills can help teens deal with conflict and other problems. Programs that enhance self-esteem, communication skills, anger management, and school performance for children and youth can reduce their risk for aggressive behavior, substance abuse, suicide, and dropping out of school.*

## **A look to the future**

*Both the PHIP and the youth violence legislation are in the early stages of development. As they are implemented at state and local levels, there will be a need to closely evaluate their progress and make necessary modifications. The problems associated with youth violence will change over time. Research will continue to provide more definitive information about the risk and protective factors. And local community health assessments will provide better information for tailoring prevention programs to population groups.*

## **Teen teaching kids**

The Southwest Washington Health District has operated a peer education program directed at preventing sexually-transmitted diseases, including HIV/AIDS, for the past two years. Recently Clark County's Youth Investment Fund has provided financing for the addition of violence prevention. Twenty students from all of the area's high schools have been selected to participate in the 1994-95 program. The students receive intensive training in communications skills and in the technical information relating to the subjects they address. Assisted by a drama coach, the students have written a number of short plays, dramas, poems and songs delivering strong messages directed at the prevention of violence, abstinence from drug and alcohol use, and postponement of sexual activity. Presentations are given to area elementary, middle and high schools and a large number of civic and community organizations.

## **The vision**

"...We see a nation in which every child has an opportunity to reach his full potential, a society where every child...can imagine a bright future, bounded only by his or her own talents and aspirations...We see a nation that values human dignity, character, and citizenship and conveys these common values to its children through individual conduct and public actions...We see a nation that puts its children first...It is a nation in which the devotion each parent feels toward his or her own child is expanded to include all of America's children." National Commission on Children.

*The social conditions which have led to the current youth violence problem, even with coordinated planning and action, will take years to correct. The PHIP and the youth violence legislation establish the framework for taking the most effective action. The entire process will be closely watched by government, community agencies and citizens. As public health jurisdictions and communities work together to address youth violence, they will be performing an important test of the effectiveness of the principles and standards set forth in the PHIP.*

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